

## Notes

Public Health Improvement Partnership

### Public Health Information Technology Committee

Wednesday, April 28, 2004

Wyndham Hotel, SeaTac, WA

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**PUBLIC HEALTH**  
ALWAYS WORKING FOR A SAFER AND  
HEALTHIER WASHINGTON

Co-Chairs: Ed Dzedzy, Lincoln ; Frank Westrum, DOH

Members: Joan Brewster, DOH; Kathy Carson, Sea-King; Melanie Dalton, Kitsap; ~~Jo Hoffman, DOH~~; Teresa, Jennings, DOH; ~~Bryant Karras, UW~~; ~~Sherri McDonald, Thurston~~; Jim Minty, Snohomish; ~~Tim Murphy, Snohomish~~; ~~Patrick O'Carroll, HHS Region X~~; ~~Patty Schwendenan, Sea King~~; Torney Smith, Spokane; ~~Greg Story, Chelan-Douglas~~; Brent Veenstra, Sea-King; ~~Carol Villers, NE Tri~~; ~~Jim O. White, DOH~~. (Strikeout = member absent from meeting).

Guests: Mike Davisson, DOH; Tim Boorman, DOH.

Staff: Marie Flake, DOH

Topic	Description
<b>Objective 1: Coordinate IT planning statewide to establish clear minimum technology requirements and security requirements so that public health can provide rapid and secure information transfer and compatible technology.</b>	
<ul style="list-style-type: none"><li>▪ Min. req. for technology for a LHJ, including hardware and software.</li><li>▪ Min. req. for IT security Min. req. for distance learning.</li><li>▪ Consultation and training to help people acquire needed skills to adopt min. technology req.</li></ul>	
<b>Objective 2: Develop data standards for selected areas</b>	
<ul style="list-style-type: none"><li>▪ Clear data standards for some selected areas of public health, laying groundwork for continued development of data standards in years to come.</li></ul>	
<b>Objective 3: Share results of IT survey and use survey results to guide training and consultation opportunities.</b>	
Project Updates	<p>Electronic Death Registration – Teresa Jennings. The advisory committee includes representation from funeral directors, medical certifier community, UW, and three LHJs – Tacoma-Pierce, Spokane, Public Health Seattle-King Co. The detailed design has been completed and they have begun building some components of the system. Roll out of the system will be by county, rather than by constituent group and will begin with Tacoma-Pierce, Spokane and King [ when? ] .</p> <p>PHIMS – Frank. Three LHJs are piloting PHIMS and thus far, there are 67 reportable cases in the system. Issues with the system are being identified and corrected. No additional LHJ will be added for now. The PUG will discuss how to bring on new LHJs when we are ready. DOH CD/Epi is working to fuse PHIMS and COMDIS. They are conducting a field-by-field comparison between two to identify data LHJs want, data DOH previously collected via COMDIS, and data CDC requires.</p> <p>CDRS – Frank. Completed and ready to use. This is a basic tool without all the bells and whistles of PHIMS. New releases of PHIMS will include this functionality making CDRS unnecessary. We expect to release PHIMS 1.2 on June 18.</p> <p>EDI – Mike. We have selected the method for moving the files and the poison control center and cholinesterase project are using it. We are considering a direct “pipe” with SeaKing.</p> <p>ELR – Mike. The contractor has been selected – LimeLite. We are working on the on-line web access for LHJs.</p>

	<p>PODRS – Frank. The application is nearly complete. The Public Health Emergency Preparedness and Response (PHEPR) program will be providing oversight to this project. A workgroup is developing options for assuring and coordinating supplemental / volunteer health care providers. Liability concerns continue to complicate both the planning and the potential use of the technology. Virtual Alert also has a volunteer database.</p> <p>SECURES – Frank &amp; Tim. CDC wants the notification function working by the end of the summer. This means that alerts are 1) shared in a secure manor, 2) are role based, 3) individual recipients acknowledge receipt of the information. The software is currently functional. The plan is to implement the alerting function with the “big 6” roles at DOH and the “top 4” roles at LHJs by the end of August. This means far fewer people will be receiving HAN messages (which are currently disseminated via the COMDIS and WSALPHO listservs.) Many policy issues need to be worked out including, but not limited to: who forwards to whom? How will the contact information be kept current? Is this a role for the data access steward? Would using program / role-based mail boxes/addresses help? It was suggested that Human Resources staff be included in these discussions.</p> <p>This system will be able to track the cost of a notification, i.e. FDA recall.</p>
Technology for LHJs	<p>LHJ Technical Assistance (formerly Doug Keck’s work) – Tim Boorman</p> <p>Focus Area E requires the acquisition of high frequency (HAM) radios for each LHJ. DOH proposed satellite phone that could be plugged into regular phone jacks with DOH funding 5 years of usage fees. CDC approved this proposal, but has not yet released the funding. The RERC’s are aware of this.</p> <p>When CDC made their site visit last month, they recommended satellite radios, which cost approximately \$10,000 each (approx 3 times the price of satellite phones) to install and require a monthly fee. John Erickson is to decide the next steps.</p> <p>Carryover funds of approximately \$80,000 – see handout for specific projects and disbursement.</p> <p>Network Architecture – DOH is an anchor tenant in the IGN. \$80,000-\$100,000 of improvement will be made to the IGN if CDC approves. All but 4 counties are on the IGN. For some LHJs, the cost of accessing enough bandwidth to conduct basic work via the IGN is prohibitive and alternatives are being sought (i.e. Chelan-Douglas may access via the public utility district; San Juan and Jefferson may collaborate on an option). CDC is supportive of this.</p>
WEDSS Strategic Plan	<p>Frank Westrum. WEDSS is in the process of developing a strategic plan. This document will be shared with PHIT. One of the major concerns highlighted in the strategic planning process is the need to assure future funding for ongoing maintenance. This is of course tied to the need to establish stable funding for public health in general. The PHIP Finance Committee is conducting work to estimate what it would cost to be able to achieve the Standards of Public Health in Washington State. They have been asked to include costs for maintaining and updating technology and plan to do so. WEDSS and PHIT are specifically requested to provide cost estimates (development vs. maintained?) to the Finance Committee in time for their June 14<sup>th</sup> meeting and the committee’s contractor, Marty Wine, may interview a few key folks for more information. Additional information that may be useful to the Finance Committee are other benefits, i.e. PHIM reducing response time, thereby reducing the number of people sick, thereby reducing the cost (like 911 or other emergency services); syndromic surveillance; etc.</p> <p>Funding options need to be developed and explored. Options suggested for exploration included: co-op; user fees / contributions; insurance industry since they might benefit from more standardized data collection, i.e. better able to analysis prevention provided and thus reduce insurance costs; smarter purchasing decisions. Consider approaching the NLM for funding of an integrated data system.</p>

<b>Objective 4: Provide updated information on health indicators to local communities through VISTA in order to support health assessment capacity.</b> Continued support to LHJs seeking assistance with VISTA. <ul style="list-style-type: none"> <li>▪ Updated data provided on the web.</li> <li>▪ Limited improvements in VISTA capability; sub-county data.</li> <li>▪ Training on VISTA use.</li> </ul>	
Vista Update	<p>Teresa Jennings. We are now in year 2 of the 5 year Assessment in Action (AIA) grant from CDC. The purpose of this grant is to: 1) evaluate Vista (the technology) and provide support for enhancement and sharing of this technology with Oregon, 2) evaluate the partnership that has been instrumental in developing Vista, 3) evaluate the status of community health assessment in Washington. They are currently in the process of developing a vision for Vista and business plan to address long-term sustainability. Implementing Vista in Oregon is yielding some useful learnings.</p> <p>There has been a small set back in the development of the sub-county population estimates. But this is being addressed by creating some data, an additional unanticipated step, and things are continuing to progress. Dick Hoskins is participating in the process.</p> <p>Philip Ewart has been hired to be the new Vista Coordinator. Previously he held this role temporarily while Julie Alessio had been on leave. Currently he is reestablishing connections with LHJ users and DOH data providers.</p>
Discussion – minimum requirements for technology, IT security and distance learning	<p>Frank Westrum. What is the future? How do we get there? What would the process look like? Policy issues for PHIP Steering Committee? Recommendations for 2004 PHIP Report?</p> <p>Discussion – Need to adopt NEDSS standards and provide training to public health professionals and the LHJs on these. Could incorporate into the Consolidated Contracts. Could influence county IT structure. But there are competing standards. It is unknown if NEDSS standards are compatible with National Center for Health Statistics (NCHS) standards. Will the Omaha language work with NEDSS? It was suggested that each program analysis their data sets and/or program specific data standards against NEDSS to identify the gap. What other barriers might there be to adoption of NEDSS?</p> <p>Need to agree to a minimum screen size resolution as this impacts applications currently being developed.</p> <p>Standards – are they ideals or minimums? If couched as minimum, then there will be little incentive for an agency to go beyond this. Could be described “in order for LHJs to function efficiently and effectively and use application being built....”</p> <p>Need a Tech Czar – is this one person or a group (PHIT?).</p> <p>Could publish best practices.</p> <p>Role based standards – i.e. vital records staff need specialized printers that other staff don’t need, in order to print birth certificates. Some individuals are “power users” who need GIS, video, etc.</p> <p>Need to consider interoperability of cell phone, PDAs, pagers, WA SECURES, etc. and the link to EMD.</p>
IT Summit Subcommittee Report & Discussion	<p>Kathy Carson. (See handout “PHIT IT Summit Subcommittee – Conference Call Notes - 4/26/04”).</p> <p>After much discussion, it was agreed that the best approach would be a series of discussions. The first step being to convene IT managers, separate from LHJ administrators (policy / decision makers). This initial meeting would be for the purpose of brainstorming to identify 1) issues were collaboration would be advantageous, 2) policy issues, and 3) consider ways in which this</p>

	<p>group might provide input to DOH on IT decisions. Other topics this group might discuss include solutions to “known IT problems”, i.e. security, firewalls, contact databases, spam, authentication, back-up/storage, etc. This discussion must be relevant to county IT staff, in addition to LHJ folks and can assist in framing a future agenda for policy / decision makers. This initial meeting will be scheduled to coincide with the next PHIT meeting on July 28. The Public Health Executive Leadership Forum (PHELF) should be provided a brief update from the PHIT committee – ideally at their next meeting on May 28, if possible, regarding this and the series of discussions envisioned here.</p> <p>The tentative timeline and next steps envisioned are as follows:  ASAP – Marie to send a “save the date” message to the IT listserv with a cc to the PHELF listserv about the July 28 meeting for IT managers to include a description of the purpose and who should attend. Need to consider if/how to get the word to ACIS.</p> <p>May 28 - PHELF meeting, Ellensburg – mention PHIT plan to convene IT managers as described above. Consider including a reference to Administrative Capacities – IT section.</p> <p>June 21 – PHIP Steering Committee, Tacoma – Frank &amp; Ed to highlight the need for standards in IT as a key issue and a probable recommendation for the 2004 PHIP Report.</p> <p>July 28 – PHIT &amp; IT managers meeting.</p> <p>August 4 – PHELF meeting, Spokane - possible presentation from the PHIT committee on standards in IT, priorities, outcome of July 28 meeting with IT managers and discussion about a role for PHELF and possible joint meeting in November of PHELF and IT managers. The joint meeting might include presentations from selected parties, i.e. CDC, DIS, DOH, ACIS and Turning Point Technology Collaborative.</p> <p>Brent and Melanie volunteered to assist in planning the July 28<sup>th</sup> meeting of IT managers. Marie will schedule a conference call to also include Frank.</p> <p>Parking Lot Issues – in the future, consider what / how to involve DSHS and DIS in these types discussions.</p>
PHIT: New objectives and recommendations	<p>Preparation for presentations by co-chairs to PHIP meeting in June. - Frank and Ed. (See handout Past Recommendations &amp; Current Objectives).</p> <p>The first draft of possible recommendations for inclusion in the 2004 PHIP Report follows:</p> <ul style="list-style-type: none"> <li>• Identify areas where better use of <b>technology could improve practice</b> – i.e. home visiting, restaurant inspections. Revisit the business needs matrix previously developed by this committee.</li> <li>• Evaluate and recommend <b>standards</b> for hardware / desktop, software, servers, security, distance learning and data collection / transfer. Explore the ideas of role-based standards – i.e. people doing a specific function such, as printing birth certificates requires specialized equipment.</li> <li>• Move forward on automating the <b>client services documentation system</b> using the Omaha standardized language.</li> <li>• Explore how to best <b>leverage financial investments</b> in technology for maximum pay-off / benefit, on an ongoing basis – i.e. a cooperative model with shared resources; group purchases of for example Decade; where/how to get cost savings; where to get efficiencies – i.e. collaboration among DOH programs; identify MIS that would work with the evolving client services</li> </ul>

	<p>documentation system (using Omaha language) for those LHJs that don't already have an MIS. Explore the options for a National Library of Medicine planning grant.</p> <ul style="list-style-type: none"> <li>• Review and evaluate <b>applications provided by DOH</b> (i.e. WIC-CIMS, etc) to identify opportunities for efficiencies, reduction in duplication (double entry), and conformity to standards.</li> </ul>
Items for next meeting	<p>Standards – especially data standards  Client Services Documentation System – update  Contact Database  Recommendations  Show &amp; Tell – Disaster recovery and rapid set up for mass clinic in a building without a network.</p>

PHIT Communication Tools: <http://www.doh.wa.gov/pip/InfoTech/default.htm>  
2004 Meeting Dates: January 28, April 28, July 28, October 27  
Routine Meeting Date/Time: Quarterly – 1<sup>st</sup> Month of the Quarter; 4<sup>th</sup> Wednesday of the Month.  
Routine Meeting Place: Wyndham Hotel, SeaTac, WA